



01-31-05

3627  
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PATENTS  
Attorney Docket No. CF/031

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicants : Howard W. Lutnick et al.  
Application No. : 09/941,901 Confirmation No. : 7586  
Filed : August 28, 2001  
For : SYSTEMS AND METHODS FOR PROVIDING  
INTERACTIVE ASSISTANCE ON PURCHASE  
DECISION-MAKING  
Group Art Unit : 3627  
Examiner : James S. McClellan

Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

EXPRESS MAIL CERTIFICATION

Express Mail Label No. EV 625768325 US

Date of Deposit: January 27, 2005

I hereby certify that this certification and the following papers:

1. Transmittal Letter (in duplicate);
2. Reply to Office Action;
3. Check in the amount of \$450.00 (ext. of time); and
4. Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Name: Lillian Garcia

Rev. 12/04  
Modified PTO 1083  
For Other Than A Small Entity

Express Mail No. EV 625768325 US

PATENTS

Attorney Docket No. CF-31

Applicants : Howard W. Lutnick et al.

Application No.: 09/941,901

Confirmation No.: 7568

Filed : August 28, 2001

For : SYSTEMS AND METHODS FOR PROVIDING INTERACTIVE  
ASSISTANCE ON PURCHASE DECISION-MAKING

Group Art Unit : 3627

Examiner : James S. McClellan

Mail Stop Amendment  
Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [ ] a Preliminary Amendment;  
[X] a Reply to Office Action; [ ] a Formal Drawings; [ ] a substitute  
Specification; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS AND/OR PAGES

[X] A fee for additional claims or pages is not required.

[ ] A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL
TOTAL CLAIMS	20	- 20 *	= 0	x \$50	= \$ .00
INDEPENDENT CLAIMS	3	- 3 **	= 0	x \$200	= \$ .00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+ \$360	= \$ .00
				TOTAL	\$ .00

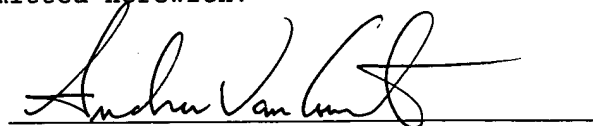
\* If less than 20, insert 20.

\*\* If less than 3, insert 3.

- ☐ As a result of the amendment submitted herewith, this application now includes excess pages beyond those previously paid for. The number of additional groups of 50 excess pages resulting from this amendment is \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_.
- ☐ A check in the amount of \$ \_\_\_\_\_ in payment of the fee for additional claims and/or pages is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.16 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- ☐ Please charge \$ \_\_\_\_\_ to Deposit Account No. 06-1075 in payment of the fee for additional claims. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

- ☒ The following extension fee is applicable to the Response filed herewith:  
☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☒ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 extension fee for response within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☒ A check in the amount of ☐ \$120.00 ☒ \$450.00 ☐ \$1,020.00 ☐ \$1,590.00 ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional extension fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- ☐ Please charge the ☐ \$120.00 ☐ \$450.00 ☐ \$1,020.00 ☐ \$1,590.00 ☐ \$2,160.00 extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.



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